

2104

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSES

1. PLACE OF DEATH:

County Cochise State, ARIZONA Registered No. _____
Township _____ or Village _____
City not given No. _____Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ days. (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward. _____
How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ days.FULL NAME ALFRED FRONDResidence: No. _____ (Usual place of abode) St., _____ Ward. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex M 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

5a. If married, widowed, or divorced Husband of (or) Wife of _____

6. Date of Birth (month, day, and year) _____

7. Age Years _____ Months _____ Days _____ If Less than 1 day, _____ hrs. or _____ mins.

8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. Birthplace (city or town and State or country): _____

13. Name: _____

14. Birthplace (city or town and State or country): _____

15. Maiden Name: _____

16. Birthplace (city or town and State or country): _____

Informant (name and address): _____

18. Burial, Cremation, or removal: _____

Place _____ Date _____, 193

19. Undertaker (name and address): _____

20. Filed 8-14-96, 193 A. Wentworth

Registrar.

FORM 5 SM 7-11-34 MS-50996

Recorder

MEDICAL CERTIFICATE OF DEATH

21. Date of Death (month, day, and year) Aug. 12, 1896 193

22. I HEREBY CERTIFY, That I attended deceased from _____, 193, to _____, 193

I last saw h. _____ alive on _____, 193; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Valvular disease of the heart Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193

Where did injury occur? _____ (Specify city or town, and State)
Specify whether injury occurred in industry, in home, or in public place: _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. H. S. Gordon

(Address) _____